| 1. NUMBER: **FD43-01-006** | 2. PCN: **PB20326** | **MSFC ENGINEERING CHANGE REQUEST (ECR)** (See Instructions - MSFC Form 2327-2) | 3. DATE: **April 18, 2001** | 4. PAGE **1** of **1** |
|---|---|---|---|---|

| 5. TO: **NPOCB/Barbara Cobb** | 6. THRU: | 7. FROM: **FD43/Nelda Hiley** |
|---|---|---|

**8. TITLE OF CHANGE:**
**Baselining of Increment 5 Ground Data Service Data Sets**

**9. RECOMMENDED PRIORITY:**
☐ Emergency   ☒ Urgent   ☐ Routine

**10. NEED DATE:**
**05/10/01**

**11. PROGRAM(S)/PROJECT(S) AFFECTED:**
**ISS**

**12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE:**

**13. RECOMMENDED EFFECTIVITY(IES):**

**14. DOCUMENTATION AFFECTED (Specs, ICD, etc.):**
**Increment 5 Ground Data Services data sets (Voice/Data/Video and POIC Services), NPRD and PRD**

**15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:**

**15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.**

**16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet)**
**Baseline the Voice/Data/Video and POIC Services segments of the Ground Data Services Data Sets for Increment 5 payloads.**

**17. EFFECTS ON:**
☐ Hardware   ☐ Facility   ☐ Schedule (See Enclosure      for impact)   ☐ Requirements Documentation
☐ Software   ☐ Environment   ☐ Cost (Estimated cost included in Enclosure      )   ☐ Other (Specify):

**18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet)**
**Baseline the Voice/Data/Video and POIC Services segments of the Ground Data Services Data Sets for Increment 5 payloads per the Rev. F assembly sequence and payload manifest.**

**19. MOD KIT INFORMATION:**

| Yes | No | | Enclosure | Paragraph |
|---|---|---|---|---|
| ☐ | ☒ | Previously issued modification instructions affected? (Explain) | | |
| ☐ | ☒ | Proofing of modification instructions and kit installation required? (Explain) | | |
| | | Proofing Location: | | |
| ☐ | ☒ | Retest required? (Identify test invalidated by change) | | |
| ☐ | ☒ | Requalification required? (Include description of test plan for requalification) | | |

| Vehicle/Site & CI Serial No. | Change Period | Mod Kit Delivery Date | Est. M/H for Mod Kit Instl. | Out-of-Service Time |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

| 20. SIGNATURE OF ORIGINATOR: **/s/ Nelda Hiley** | DATE: **April 18, 2001** | TELEPHONE NUMBER: **544-5774** | OFFICE SYMBOL: **FD43** |
|---|---|---|---|

**21.                    CONCURRENCE**

| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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**22.                    TECHNICAL APPROVAL**

| SIGNATURE | ORG. | DATE | SIGNATURE | ORG. | DATE |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |